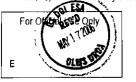
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved , Office of Management and Budget No. 1215-0138 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 06464	2. Fiscal Year Covered From:			
,	1 / 1 / 2005 Through: 12 / 31 / 2005			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name Harris L Raynor	Name UNITE HERE			
	Labor Organization File Number 000-511			
P.O. Box, Bldg., Room No., if any Suite 600	P.O. Box, Building and Room Number, if any			
Street 4405 Mall Boulevard	Street 275 Seventh Avenue			
City Union City	City New York			
State Georgia ZIP Code + 4 30291	State New York ZIP Code + 4 10001			
5. Position in labor organization. Vice President ,				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City	- Administrative variety and the state of th			
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Tard ay	On <u>5/9/06</u> <u>770 306 8856</u> Date Telephone Number			

Name of Person Filing Harris Raynor	File Number U- 064	54		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name UNITE HERE National Health Fund	a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 730 Broadway, Tenth Floor	C. Chiployei			
City New York				
State New York ZIP Code + 4 10003				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRE		
Name (Trustee			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	Account of the second s			
Street	11.b. Approximate dollar value of such dealing.	The state of the s		
City	12.a. Nature of interest held or income received.	Anna transmission of a state of the state of		
State ZIP Code + 4	Reimbursed expenses for trustee meeting			
	12.b. Amount.	\$1,845		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	MANAGEMENT CONTROL OF THE CONTROL OF		
Name Name				
Trade Name, if any:	4 Anna 100	,		
P.O. Box, Bldg., Room No., if any	at a state of the			
		, company and call		
Street	Total Control of the	Connection voters to		
City 270 Code 14	Control of the second s	V. a monagement		
State ZIP Code + 4	1			
	14.b. Amount of payment.			

	\$ \$1.10F \$10E \$1.20F \$1.50E \$1
Name of Person Filing Harris Raynor	File Number U- 06464

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name UNITE HERE Workers Pension Fund	STI a Labor Organization	
Trade Name, if any:	a. Labor Organization	
<u> </u>	b. Trust	
P.O. Box, Bidg., Room No., if any Suite 302	factorial factor	
Street 6 Blackstone-Valley-Flace	c. Employer	
City Lincoln		
State Rhode Island ZIP Code + 4 02865		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Trustee	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	Nove or
	Meals provided at trustee meetings	,
	12.b. Amount.	\$437